

**Virginia Department of Housing and Community Development
Lead Hazard Reduction Program**

Blood Lead Screening Release/Waiver

It is recommended that all children under six years of age have their blood lead level tested prior to hazard control work in your home. If your child (children) have not received a blood test in the past six **(6) months**, you should contact your child's primary health care provider to arrange for a test.

Please check one of the following:

_____ My child (children) under six **have** had their blood lead levels tested in the past six **(6) months**, and I hereby authorize the provider to release the results of this (these) blood test(s) to the Lead Hazard Reduction Program.

Child #1:

Please identify test provider: _____ and date of test:

Child #2:

Please identify test provider: _____ and date of test:

Child #3:

Please identify test provider: _____ and date of test:

_____ My child (children) under six **have not** had their blood lead levels tested in the past six **(6) months and I agree to have them tested** by my primary care physician, local health department, or another provider and to submit the results to the Lead Hazard Reduction Program.

_____ **WAIVER** - For religious and/or personal reasons, I choose **not to have** my child (children) tested for lead. I have been made aware of the risks of not knowing whether my child (children) is (are) lead poisoned and of not knowing other measures besides lead hazard control that may also need to be done at this time.

I/We voluntarily disclose this information. I/We understand that disclosure of this information is not required for participation in the Lead Hazard Reduction Program.

Parent/Guardian Signature

Date